

**Rappahannock-Rapidan Community Services Board and
Area Agency on Aging
Local Human Rights Committee Meeting
January 22, 2008**

MINUTES

Present: Dawn Klemann, and Hal McDermott

Excused: Carole Sue Graves, Mary Jolly

Resigned from Committee: Melissa DeDomenico-Payne

Guests

Present: John Borgens, Director Family Focus Counseling Services;
John Bachand, Administrator Childhelp East

Also

Present: Brian Duncan, Executive Director RRCSB-AAA; Paula Benenson,
Administrative Assistant; Margie Blankenship, Executive
Assistant; Jim Bernat, Quality Analyst RRCSB-AAA; Chuck Collins,
DMHMRSAS-OHR; Mark Seymour, DMHMRSAS-OHR

1. **Call to Order:** Hal McDermott called the meeting to order at 1:40 p.m.
2. **Additions or Deletions to the Agenda:** None
3. **There being no quorum for this meeting, the minutes from October 23, 2008 were not read or approved.**
4. **Presentation–Affiliate Update:** *John D. Borgens, Director Family Focus*—John provided the committee with a summary of his Program.

Family Focus Counseling Services P.C. is a private for-profit outpatient Mental Health and Substance Abuse facility licensed by the State of Virginia. It was established in 1985 and offers a variety of services to children, adolescents, adult, the elderly, families and couples. Currently there are three offices located in the counties of Fauquier, Culpeper, and Madison. Family Focus has continually strived to provide excellent services in meeting both the clients' and community needs. We often work in close relationship with community agencies, community professionals, family physicians and extended family to provide the best possible service. Our primary goal is to help the individual grow toward their potential and live a happier, healthier and safer life. Family Focus has had no complaints in Human Rights.

- Services Provided:

Family Focus offers counseling services and is licensed by the state of Virginia as an outpatient Mental Health and Substance Abuse Program. It is certified by Virginians against Domestic Violence and the Coalition for the Treatment of Abusive Behaviors as a Batterer Intervention Program.

Clinical Services—People enter therapy for different reasons. Some need to respond to unexpected changes in their lives, some seek self-exploration; others are beset by their problems. Anything that makes your life seem less than fully satisfying is legitimate concern for therapy, no matter how small it may seem to someone else. Together, we focus on helping you discover how to make the changes in your life that will make it richer and more fulfilling.

- For Individuals: excessive stress; anxiety; depression; concerns regarding school or work; difficulties with relationships.
- For Couples: concerns two people are unable to resolve on their own.
- For Families: parent and child relationship issues; problems arising from separation, divorce and remarriage; day to day concerns that become overwhelming.
- Stress Management: available for individuals who have similar needs, in an environment where people can grow and help each other.
- Group Therapy: available for individuals who have similar needs, in an environment where people can grow and help each other.
- Student's Program: offers an outpatient program designed to provide intensive and immediate services for youth, with the goal of enhancing or maintaining the individual's ability to function in the home community.
- Substance Abuse Program: being licensed by the State of Virginia as an outpatient substance abuse program, we are aware and equipped to address an individual's problem(s) with alcohol and/or other chemicals.
- Appointments: Your first appointment can usually be scheduled within forty-eight (48) hours. Daytime, evening and Saturday hours are available.

Substance Abuse Services—Our outpatient program is designed to provide immediate and when necessary intensive services to the client and their family. The goal is to provide quality treatment that is effective, more convenient and less costly than inpatient hospitalization.

- Evaluation: In addition to meeting with the individual, input from family members, referral source, and other community agencies is often helpful. An adolescent or adult SASSI (Substance Abuse Subtle Screening Inventory) can also be administered to determine the level of severity.
- Individual Counseling: Can be beneficial in helping the individual take an in depth look at their use/abuse of their drug of choice and develop a plan for remaining abstinent.
- Treatment Planning: Is done with the individual with the goal of establishing an effective treatment approach that best meets their needs.

- Substance Abuse Counseling Group: Is the treatment of choice to help the individual on the road to recovery. It offers the opportunity to learn, share and receive emotional support with others in a trusting, caring environment.
- Intensive Program: Is offered for those who need more than the minimum (1) one hour weekly group counseling. It involves more groups and/or individual sessions to better enable the individual to remain abstinent.
- Adolescent Program: Offers both group counseling for the individual and group counseling for the parents, along with family counseling and urine screens. We work closely with community agencies when appropriate.

Batterer Intervention Program—Is a certified 24 week (1.5) one and a half hour weekly program designed to intervene to stop family violence and promote victim safety. Individuals with anger management, impulse control, and power and control issues can benefit from this program. It also covers relationship issues such as dealing with conflict and promoting a healthy relationship.

- Initial Evaluation: Consists of obtaining background history from the individual and referral source. Determining the appropriateness of the individual for the program; why they are here; and how they can benefit from the program.
- Group Meetings: Weekly (1.5) one and a half hour group meetings focus on a variety of topics aimed at stopping violence, verbal abuse, power and control issues and building healthy relationships.
- Couples Counseling: Is NOT recommended. It allows the abuser to stay focused on his criticisms of the victim instead of focusing on their own problems. Abuse is a problem in the abuser not in the relationship.

Many of our clients have told us that it was only after their partners left, got a court order or filed charges that they realized the seriousness of their violence toward their partners.

Staff Training—Family Focus has a small staff and all are either licensed or certified and already have a standard of ethics that they are required to meet.

Hal McDermott thanked John for attending today's meeting and presenting his Program. Chuck Collins requested John to remain for the entire meeting to hear announcements from DMHMRSAS-OHR

Presentation–Affiliate Update: John Bachand, Administrator Childhelp East

A summary of Incidents is attached to the end of these minutes for the record.

All Village staff members are trained in Human Rights during their initial orientation period by the Village Chaplain/Child Advocate and annually by the Local Human Rights Advocate: Mark Seymour. They are also trained on Village policies and procedures concerning child grievance (village grievance policy is attached).

All children meet with their assigned therapist within 24 hours of admission and go over their rights as residents. They sign along with the therapist that they have read and understand these rights. They also meet with the Chaplain/Child Advocate soon after their admission and he answers any relevant questions. Copies of residents rights are posted in the group homes and classrooms throughout the village.

Upon receipt of a complaint or grievance, the Chaplain/Child Advocate meets with the child as soon as possible (within 24 hours) to help resolve the situation and explain the grievance procedure to the child. Notification via e-mail of all complaints is sent to the local human rights representative, Mark Seymour. The Child advocate documents any and all action taken during the informal process and the child agrees to the resolution.

No formal citations were recommended by the local human rights Licensing Department over the past year. One citation was recommended by the local human rights advocate after incident on 11/13/07 but no formal citation has been issued. Village sent plan of correction following incident to Senior licensing representative as well as human rights representative.

Childhelp East has 165 Full time employees:

- *80 Direct care staff*—Minimum GED, age 21. Degree ranging from Associates, B.A., B.S. & M.A. (CCC, NCC, AOD, RM, Recreation, Ranch)
- *26 Education staff*—Minimum GED, age 21. Degree ranging from Associates, B.S. provisional licensure, certified teacher, PhD & M.Ed.
- *16 Clinical staff*—Records specialists: minimum GED, age 21. Clinical Case Assistants: Associates and B.S. Therapists: minimum M.A., MSW, LPC & LCSW, 1 MFT, 1 CSOTP. Admissions Director – MSW.
- *18 Medical staff*—Medical Transport & Medical office personnel: minimum GED, age 23. Degree ranging from LPN, RN & M.D. in Child psychiatry.
- *10 Administrative staff*—Assistants: minimum GED. Degrees ranging from B.S., RD, M.A.
- *15 Support staff*—Positions ranging from Housekeeper, Dietary & Maintenance. Minimum GED age 21.

The Village encourages children to speak to staff anytime they feel that they are treated unfairly. Children are afforded unimpeded access to file grievances for unfair treatment. The Village promotes a hands off approach to therapeutic care and restraint reduction training is a part of new employee orientation. The Village goal is to provide a safe and secure environment for children to live in, thereby allowing them the freedom to work on personal goals and transition successfully back into the community.

Chuck Collins asked if there were any problems with elopements or peer-to-peer aggressions. There have been some peer-to-peer aggression incidents but no incidents of elopements. All peer-to-peer aggressions incidents are noted on the attached summary. The children at Childhelp East are also encouraged to participate and utilize the grievance system. The children have a voice by using the system. Childhelp East receives referrals from all over the state. Capacity is 63 children and right now have 57.

Hal McDermott thanked John for attending today's meeting and presenting his Program.

5. Human Rights Announcements: Chuck Collins

1) Mental Health Commission Task Force in support of the modification of the Mental Health Statutes. Dr. Richard Bonney was the chair of this commission. The commission was established in advance of the VA Tech tragedy to update the statutes in November 2006. There are 5 task forces in support of the commission. They are: Commitment; Child and Adolescent; Criminal Justice; Access to Services and Self Determination and Empowerment. Self Determination and Empowerment Task Force is the voice of the client who is the subject of the mental health statutes. All 5 Task Forces met for a year. In December the commission met for 2 days in Charlottesville with all input from task forces and came up with a set of recommendations to put before legislatures. Serving on the Task Forces were 2 members from VA Senate among other dignitaries, advocates and consumers from the region. One bill that the Department is looking at very closely is House Bill 499 – Involuntary Commitment – Establishing a New Standard for Outpatient Commitment. This bill will establish new standard for involuntary outpatient commitment authorizing involuntary commitment where the person has a mental illness and there exists substantial likelihood that as a result of mental illness that the person will in the near future 1) cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting or threatening harm or 2) suffer serious harm due to substantial deterioration of his capacity to protect himself from harm or provide for his basic human needs.

The key word is changing from “imminent” to “substantial likelihood”. The bill also requires a provider of Mental Health services to disclose records to a magistrate or court, the person's attorney, the examiner, CSB or BH authority, or law enforcement officer. This is the disclosure of information piece that was absent prior to VA Tech. This bill also authorizes a single 4 hour extension of an Emergency custody order and provides that a person under a temporary detention order may be released prior to 48 hours after the order is executed if the person does not pose a danger to himself or others; specifies records in evidence that must be reviewed prior to an independent examination; requires that a representative of the CSB that is preparing the pre-screening admission report attend each commitment hearing; establishes additional requirements for outpatient commitment; requires an outpatient treatment plan to be filed with the outpatient order; clarifies the monitoring duty of the CSB.

Chuck is going to do a Human Rights Training for this region, RRCSB and all of the affiliates late in the Spring. This training will cover all of the new Human Rights Regulations that were established in September. Plans for the training will be finalized at the next LHRC meeting. All members and providers of the LHRC are invited. The requirement to amend all Human Rights to include the new regulations is now in effect and must be in place by the 1st of March 2008.

Chuck presented Paula Benenson with a departing gift and well wishes for her retirement on behalf of the LHRC.

6. Update on Recent RRCSB-AAA Cases & Issues for the period October 23, 2007 through January 21, 2008.

- *Trainings*—New Employee Orientation to Human Rights and Privacy. There were two (2) training events to 14 participants.
- *Complaints*—There were zero (0) Informal Complaints. Both were resolved.
- *Complaints*—There was two (2) Formal Complaints. These were resolved.
- *Allegations of Abuse/Neglect*—There were seven (7); Internal findings were that all were Unfounded; DSS Findings were all concern only.
- Please see Jim Bernat's complete report attached to these minutes for the record.

7. Update by Brian Duncan, Executive Director, RRCSB-AAA: Mr. Duncan provided the following updates to the Committee.

Mr. Duncan thanked Paula for her support to the LHRC and wished her well in her retirement.

Mr. Duncan announced that the Executive Assistant position in the Executive Director's office has been filled. Margie Blankenship will continue to assist the Committee in support/administrative capacity until the transition is complete.

All affiliate agreements are signed, submitted and paid.

Mr. Duncan officially announced the resignation of Melissa DeDomenico-Payne. She has accepted a job placement and will be moving to Tennessee. He is recommending to the committee that we go ahead and place an advertisement in the paper for new members to join LHRC. He also suggested that we send a letter to our affiliates asking them to aid in recruitment. All applicants will be submitted to the committee for review and or approval. Chuck Collins pointed out that two of the new members must be consumers. The ad will be worded in such a way that will be clear in that regard.

John Bachand of Childhelp East offered to host and LHRC meeting in the future.

\$42 million has been earmarked for the new community based system of care based on the information Chuck Collins introduced to the committee.

Mr. Duncan distributed a Suggested 2008 Schedule for the LHRC Affiliates to Present Information to the Committee.

8. Election of Officers for 2008, Chair & Vice Chair: It being determined that quorum has not been met, the election of officers did not take place.

- 9. The next Local Human Rights Committee will be on Tuesday, April 22, 2008 at 1:30 p.m. in Meeting Room B.**

There being no further business, Hal McDermott declared the meeting adjourned at 3:12 PM.

Approved:

Secretary

mrb

DRAFT